



## Case Study

### AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS

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#### Article info

##### Article History:

Received: 18-12-2024

Accepted: 19-01-2025

Published: 07-02-2025

##### KEYWORDS:

Endometriosis,  
Ovarian  
endometrioma.

#### ABSTRACT

Endometriosis is a painful and chronic condition that affects women of reproductive age, marked by the growth of endometrial-like tissue outside the uterine cavity. It is accompanied by debilitating pelvic pain, infertility, and potentially malignant transformations, significantly impacting quality of life. Endometriosis affects an estimated 1 in 10 women of reproductive age worldwide. The ovaries and pelvic peritoneum are the most common sites for developing endometriotic lesions. This is the case report of a 24-year-old unmarried female, who presented with irregular menstrual cycles with heavy menstrual bleeding and severe dysmenorrhea associated with giddiness, vomiting. On USG she was diagnosed with right ovarian endometriotic cyst. Based on the clinical features presented by the patient, medications possessing *Amapachana*, *Agnideepana*, *Kaphapittasamana*, *Vataanulomana*, *Granthihara* and *Lekhana* properties were administered. After seven months of internal medications symptoms reduced considerably and there was no ovarian endometriotic cysts in USG.

#### INTRODUCTION

Endometriosis is a common, benign condition that affects adolescent girls and women in the reproductive age group<sup>[1]</sup>. It is characterized by the ectopic growth of endometrial tissue, which responds to hormonal fluctuations, resulting in pelvic pain, infertility, and other symptoms that significantly impact quality of life. Presence of functioning endometrium in sites other than uterine mucosa is called endometriosis<sup>[2]</sup>. Endometriosis affects roughly 10% (190 million) of reproductive age women and girls globally. This disorder is highly estrogen dependent. The most common abdominal site is ovary followed by pouch of Douglas and uterosacral ligaments<sup>[3]</sup>. Under the influence of ovarian hormones, the ectopic endometrial tissue undergoes proliferative changes, leading to cyclic growth and shedding. The shed blood from these implants accumulates and becomes encysted, forming a cyst that enlarges with each menstrual cycle.

Over time, the repeated bleeding and inflammation cause the cyst to fill with a thick, dark fluid, transforming it into a characteristic "chocolate cyst".

Symptoms vary greatly depending on the location of endometrial tissue deposits. Typical symptoms include severe menstrual cramps, chronic pelvic pain, painful sex, painful bowel movements and urination, abdominal bloating, nausea, and other gastrointestinal issues. Currently, there is no known way to prevent endometriosis, and treatment focuses on managing symptoms and improving quality of life. Treatments to manage endometriosis can vary based on the severity of symptoms and whether pregnancy is desired. Non-steroidal anti-inflammatory drugs (NSAIDs), analgesics (painkillers), hormonal medicines like GnRH-analogues and contraceptive (birth control) methods can help to control pain. Current treatments for endometriosis are not curative and often come with unwanted side effects. Moreover, symptoms can recur after treatment cessation. The selection of treatment is highly individualized, depending on factors such as treatment efficacy, tolerability of side effects, cost considerations, and accessibility of treatment options.

Ayurvedic texts comprehensively describe gynecological disorders under the category of *Vimsathi Yonivyapath*. However, Ayurveda views endometriosis as a multifaceted condition, rather than a single entity.

#### Access this article online

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<https://doi.org/10.47070/ijapr.v13i1.3508>

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The foundation of Ayurvedic physiology, pathology, and treatment lies in the *Tridosha* doctrine, which encompasses the interconnected energies of *Vata*, *Pitta*, and *Kapha*. *Vata* is responsible for all *Yoni rogas*. So each and every step in treatment is to primarily ensure the normal function of *Apana vata*<sup>(4)</sup>. *Artava* is formed from *Rasa dhatu* and if one indulges in *Mithya ahara* such as *Katu*, *vidahi ushna ahara* (spicy food items, pickles, oily fried items) and *Mithya vihara* such as sedentary lifestyle, *Vegadharana*, excessive stress, environmental factors leads to *ama* formation which cause *Srotorodha* in the *Artavavaha srotas*. This results *Vata dosha prakopa* and *Viloma gati* of *Vata dosha*. The resulting dysfunction in *Apana Vata* leads to retrograde menstrual flow, allowing endometrial tissue (*Granthi* formation) to implant in areas outside the uterus, contributing to endometriosis. The

symptoms presented in ovarian endometrioma can be viewed with respect to *Tridosha* vitiation. So the main treatment principles adopted here were *Amapachana* and correction of *Agni* followed by *Vaatanulomana*, *Kaphapittasamana*, *Raktasravarodhaka*, *Granthihara* and *Lekhana Chikitsa*.

### Case Report

A 24 year old unmarried female, visited the OPD of Prasuti Tantra and Striroga, W & C Hospital, Govt. Ayurveda College Thiruvananthapuram with complaints of irregular menstrual cycles, heavy menstrual bleeding since 4 years and severe dysmenorrhea associated with giddiness, vomiting since 4 months. On USG, she was detected to have right ovarian endometriotic cyst.

### Menstrual History

Age of menarche	13
Cycle	Irregular
Interval	30 - 45 days
Duration	6 days
LMP	15-7-2022
Amount	Heavy
Number of pads	4/ day, night change - 1 pad
Dysmenorrhea	Pain in 2 days prior to menses D1,D2,D3,D4 with giddiness, vomiting, loose bowels
Clots	Nil
P/V discharge	Nil

**Past history:** She had no history of DM/ HTN/ Thyroid dysfunction or any systemic disorder

### Family History

Father - DM, Thyroid dysfunction

Mother - H/O Uterine fibroids and underwent hysterectomy

### Personal History

Appetite	Good
Diet	Non-vegetarian, oily fried items, frequent intake of pickles
Tastes preferred	Spicy, pungent
Habit	<i>Pipasa vegadharana, Mutra vegadharana</i>
Bowel	Regular
Micturition	Normal
Sleep	Sound

### Investigations

#### USG Finding

1. Right ovarian endometriotic cyst - Cyst with low level internal echoes 4.6 \* 3.3cm. Eccentric mural nodule 12.1\*7.4mm noted in its inferior aspect
2. Left ovary shows follicle/ cyst 2.3\*2.2cm. Moving echogenic eccentric focus 8.1\*5.4mm noted in its posterior aspect along its inner wall - may represent a small clot.
3. Peripherally arranged follicles in the both ovaries.

**Blood Investigations**

1. Hb – 12.3 gm%
2. CA 125 – 40.67IU/mL

**Ayurveda Management****Internal Medicines****During the first visit**

1.	<i>Saptasaram Kashayam</i>	90ml-0-90ml	Before food
2.	<i>Sukumara Ghritam</i>	1tsp-0-1tsp	Before food
3.	<i>Rajah Pravirtini Vati</i>	2-0-2	After food

**Follow up after 1 month:** Heavy bleeding reduced (3 days bleeding), dysmenorrhea reduced to D1, D2 with giddiness. Dysmenorrhea in D3 and D4 with vomiting, loose bowels got reduced. Patient got periods after 2 months absence of menstruation.

**During the second visit**

1.	<i>Sukumaram Kashayam</i>	90ml-0-90ml	Before food
2.	<i>Kanthisindooram</i>	2 pinch with <i>Kashayam</i>	Before food
4.	<i>Abhayarishitam</i>	20ml-0-20ml	After food
5.	<i>Kalyanaka ksharam</i>	2 pinch -0- 2pinch	With <i>Ghritha</i>

Externally *Pinda tailam* for application in lower abdomen

**Follow up:** After 3 months – Menstrual cycles got regular, menstrual bleeding only upto 3 days, dysmenorrhea reduced to D1 only.

On USG: Right Ovarian endometriotic cyst – Size reduced to 2.7\*2.6cm, Mural nodule not seen. No features of Bilateral PCOS.

**During the third visit**

1.	<i>Manjistadi Kashayam</i>	90ml-0-90ml	Before food
2.	<i>Kaisora guggulu</i>	1-0-1 with <i>Kashaya</i>	Before food
3.	<i>Saribadyasavam</i>	20ml-0-20ml	After food
4.	<i>Avipathi churna</i>	1 tsp with honey	At bedtime

**Follow up:** After three months - Regular menstrual cycles with 3 days moderate bleeding, tolerable pain in D1 of periods.

**On USG:** Right ovarian endometriotic cyst completely resolved.

A small tubular adnexal cystic lesion 18\*7.4mm in the right adnexa separate from the right ovary.

**RESULTS AND DISCUSSION**

Endometriosis is a chronic condition that necessitates comprehensive pain management. Fortunately, with timely diagnosis and treatment, Ayurveda offers a promising approach to successfully manage this condition. By tailoring treatment principles to address the root causes, Ayurvedic therapies can effectively regress endometriotic implants, restore normal physiological functions and alleviate symptoms and improve quality of life. Endometriosis is caused by imbalance of *Tridoshas*. *Vata* is responsible for responsible for the displacement and migration of endometrial cells from the uterus to ectopic locations.. *Pitta dosha* is involved in the disease's inflammatory nature, as well as the regulation of blood, hormones, and menstruation.

*Kapha dosha* contributes to the excessive growth and buildup of endometrial cells, leading to tumor-like formations. So treatment approach can be *Amapachana* and correction of *Agni, Vaatanulomana, Mridu Virechana, Vatashamaka, Raktasravarodhaka, Granthihara* and *Lekhana Chikitsa*, etc.

The patient was a known case of endometriosis and her presenting complaints were irregular menstrual cycles associated with heavy menstrual bleeding and severe pain during menses for which she had to take analgesic medications for temporary relief. Initially the treatment approach focused on *Vata anulomana* and promoting the formation of good *Rasa dhatu*, so that there will be formation of *Shudha artava*. *Vata anulomana* facilitates the proper flow of menstrual blood, thereby alleviating pain and discomfort.

*Saptasaram kashayam* by its *Laghu, Rooksha, Ushna* and *Anulomana guna*, helps to reduce the spasm of the uterine musculature thus reducing pain and removes the *Avarana* alleviating other clinical symptoms. *Sukumara Ghritam* by virtue of *Madhura rasa, Ushna veerya* and *Snigdha guna* normalizes the

vitiated *Vata*. Most of the ingredients are *Tridosahara*, *Anulomana*, *Sothahara*, *Garbhashaya Shodhana*, *Rasayana*, *Granthihara* and cures *Artava vikara*. These properties can remove *Sanga* and *Vimargamamana* that have occurred in *Artava vaha srotas*, thereby restoring the *Gati* of *Rajas* and normalizing the menstrual flow. It is anti-inflammatory and a uterine tonic. *Rajapravartinivati* is effective in *Artavavikara*. By virtue of *Tikta rasa* and *Tikshna* property of drug, it removes the *Srotoavarodha* and facilitates flow of *Vata*; *Katu Vipaka* and *Ushna Virya* pacifies the aggravated *Vata* and thus allows the painless flow of *Artava*. By the intake of above medications, the patient got her periods regular with moderate bleeding and there was considerable relief in lower abdominal pain.

Endometriosis can be correlated with a *Samaavastha* state, characterized by inflammation. The *Upadhatu* of *Rasa* being *Artava* gets vitiated by *Mithyahara* and *Vihara*. So the treatment here adopted was *Amapachana* and correction of *Agni* followed by *Vaatanulomana*, *Kaphapitta samana*, *Raktasrava rodhaka*, *Granthihara* and *Lekhana chikitsa*.

*Sukumara kashayam* has almost all properties of *Ghrita Kalpana*. *Kantha sindooram* was given to improve *Rakta dhatu*. *Abhayaristam*, mentioned under *Arsa chikitsa* is *Tridosahara* especially *Kaphavata samana*, *Apana vatanulomana* and *Pittasaraka*. It is *Deepana*, *Pachana* and *Srotosodhana* in property. *Kalyanaka kshara* was administered since the condition is characterized by *Granthi* formation. The *Sukshma guna* of *Trilavana* enables the medicine to penetrate deep into the tissue and *Tikshna*, *Ruksha* properties of other drugs helps to breakdown and eliminate endometrial growths. *Pindataila* was advised as external application which is *Vata pittasamana* in nature.

*Manjistadi Kashaya* is indicated in *Vatarakta* and possesses *Kaphapittasamana*, *Rakta prasadana*, *Pachana*, *Dipana* and *Lekhana* properties. *Kaisora guggulu* is also mentioned in *Vata rakta chikitsa* that is *Tridosahara* in property. It is *Raktaprasadana*, *Srotosodhana*, *Lekhana*, *Vranaropana* and *Sula prasamana* in property. It is an immunomodulator and acts as a strong anti-inflammatory agent.

*Saribadyasava* is *Tridosahara* especially *Pithakapha samana*, *Raktaprasadana*, *Malaanulomana*, and having *Srotosodhana* property. *Avipatti churna* by its *Tikta*, *Madhura* and *Katu rasa*, *Ruksha guna* and *Sitoshna virya* is especially *Pittakapha sodhana*. It possess *Dipana*, *Virechana*, *Anulomana* and *Srotosodhana* properties. It is carminative, anti-oxidant and anti-inflammatory in property. All these medicines administered helped in reducing the lower abdominal pain during periods, excessive bleeding and other associated symptoms. The medications was also effective in reducing ovarian endometrioma

## CONCLUSION

Endometriosis is a debilitating and chronic condition marked by recurring symptoms, significantly impacting the quality of life for those who suffer from it. The present case was administered with medications possessing *Amapachana*, *Agnideepana*, *Kaphapittasamana*, *Vataanulomana*, *Granthihara* and *Lekhana* properties. The patient got normal menstrual cycles after treatment. There was a considerable relief in dysmenorrhea and associated symptoms. After seven months of internal medications, there was no ovarian endometriotic cysts in USG. The Ayurvedic management protocol demonstrated efficacy in alleviating symptoms of ovarian endometrioma. Timely and accurate diagnosis, coupled with judicious medication selection and strict compliance with *Pathya Ahara* and *Vihara*, were crucial factors contributing to the protocol's success.

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### Cite this article as:

Asha Sreedhar, Sruthy S Kumar. Ayurvedic Management of Endometriosis. International Journal of Ayurveda and Pharma Research. 2025;13(1):149-152.

<https://doi.org/10.47070/ijapr.v13i1.3508>

Source of support: Nil, Conflict of interest: None Declared

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